

10 x 3 = 30
4 x 4 = 16
131
86

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/580425

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		2				
5	1	(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
27		(1)				
23						
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		13				
37		13				
38		13				
39	1					
40	1					
41		1				
42		1				
43		1				
44		4				
45		4				
46		(1)				
47		4				
48		4				
49		(1)				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		(1)				
55						
56						
57						
58						
59						
60						
61						
62						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	86	←		←		←
TOTAL CLAIMS	102					